

MEDICAL DIRECTION COMMITTEE MEETING
January 22, 2003

Members Present

Peter Bruzzo, M.D.
Cheryl Haas, M.D.
Bethany Cummings, M.D.
John Potter, M.D.
Dave Garth, M.D.
Raul Rodriguez, M.D.
James Vafier, M.D.
Arthur Ernst, M.D.
John Rawls, M.D.
Stewart Martin, M.D.
Sabina Braithwaite, M.D.
Kimberly Mitchell, M.D.
Carol Gilbert, M.D.

Others Present

Michael Berg
Jay J. Brown
Melinda Duncan
Jim Bonzano
Jeffrey Reynolds
Joseph Robertson
Matt Smolsky
Vince Whitmore
John Hendren, M.D.
Darren Lisse, M.D.
Glenn Butler
Don Barklage
David B. Palmer

Others Present

George Brown
Mark Franke, M.D.
Scott Weir, M.D.
Scott Winston
David Cullen
Tom Nevetral
Warren Short

Item 1): Dr. Stewart Martin (Chair) called the meeting to order at 10:35 AM in the conference room at the Office of EMS.

Item 2): Those present were asked to introduce themselves.

**Item 3): Motion to approve the minutes of the September 25, 2002 meeting
...Passed.**

Item 4): Dr. Stewart Martin noted that the Medication and Skills Schedule had been removed from the *Regulations* to allow more time to review the impact on medical direction. Dr. Martin also emphasized that the purpose of the Medications and Skills Schedule was to establish a framework for standardization across the State. Dr. Carol Gilbert advised that the committee initially wrote the recommendations for the Schedule to identify the program procedures for the EMT-Enhanced curricula as the Shock Trauma curricula was lacking in the medication and skills area contents. The Schedule was established to identify those items that were to be taught as “essential” components of the curricula and those that were to be “optional” as well as those components that were not permitted at designated levels.

The Schedule evolved from this to include all certification levels with the “specialty” areas to be listed separately. The committee was to develop separate schedules for the “specialty teams” that would be specific to the team’s needs.

Dr. Raul Rodriguez advised that the regional EMS Directors were polled about four to five years ago to find out what skills and procedures were utilized in their regions. The committee used those responses to initiate the Schedule.

Dr. Scott Weir advised that the terms “educational” versus “operationally” creates an issue.

Another statement was made that “blind credentialing” creates an issue with the local OMD. It usurps the responsibility of the local OMD. The schedule needs to be a “training document”.

It was also stated that the schedule was published late and not available for all to comment on during the public comment periods. However, it was stated that the Schedule was discussed at great length in the Medical Direction Committee meetings.

Some of the OMD’s advised that they were leery of being granted a “variance” from the normal operating procedure of the rest of the State. This philosophical issue is making it difficult to determine the role of the local OMD. After additional discussion there was a consensus that the Schedule was “OK” for establishing the criteria for the training curricula.

Motion made by Dr. Carol Gilbert and seconded by Dr. Raul Rodriguez that the Medications and Procedures Schedules will be utilized for delineation of training program skills and medications. Delineating each certification levels required, optional, and not permitted skills and medications. Additions to the schedules at the request of a local OMD will be enacted via a starred “*” item requiring specific additional training and program requirements. Additions and deletions to the schedules will also be made periodically by the MDC for statewide changes. The Medications and Procedures schedules are also amended with the addition of RSI (Rapid Sequence Induction) and the associated medications for this procedure, for the Intermediate level as “optional” with an * (star) denoting at the Intermediate level that the RSI Program must meet the minimum program and training requirements as established by the OMDs of the Northern Virginia EMS Council. Toradol was also to be added to the medications schedule as an * item at the Intermediate level...Motion passed.

After further discussion, there was consensus that the documents do have use operationally, as well as in educational programs, and should be incorporated in that fashion.

Motion by Dr. Carol Gilbert and seconded by Dr. John Potter that the Medication and Skills Schedule would be an operational document and any skill or medication not presently on the list will be introduced as a * item with an explanatory note. Additions or deletions to the schedules are set forth by the MDC committee. A local OMD may also request that an item be placed on the schedule as a * item under their strict medical control, training, and program requirements...Motion passed. (Note: RSI and associated medications, Toradol already added to schedules from previous motion)

Motion by Dr. Raul Rodriguez and seconded by Dr. Dave Garth that Morgan lenses and topical ophthalmologic anesthetic be added at the EMT-Basic level to the Medication and Skills Schedule (with notation for additional training required)...Motion passed.

The Medical Direction Committee “endorsed” the request with the changes to the Medications and Skills Schedule be added back into the *Regulations*.

Item 5): Scott Winston asked for a discussion for prioritizing the roles of the State Medical Director. Dr. Stewart Martin asked that the Office of EMS send out an e-mail to the Medical Direction Committee members and other physicians requesting that they submit feedback on the prioritization of the tasks for the State Medical Director.

Item 6): Motion by Dr. John Potter and seconded by Dr. Carol Gilbert that the IV Fluid Position paper is to be sent out to the committee with the minutes and to approve the position paper with the corrections to be made by Dr. Dave Garth as discussed ...Motion Passed.

Item 7): a. USAR- Dr. Martin – progressing
b. Wilderness SAR – Dr. Gilbert – curricula has been received from the National Park Service
c. SWAT Team – Dr. Bruzzo - work in progress.
d. Pediatric Transport – Dr. Gilbert – has a comprehensive list
e. Flight Teams – Dr. Gilbert – work in progress
f. Dive Rescue – Dr. Wallace Horn is being asked what expertise would be necessary
g. Cave Rescue – Dr. Cummings
h. Farm Rescue – Dr. Cummings

Item 8): The RN to P Pilot Program – The Northern Virginia Community College program began with four students in the program. Grant monies was made available to pay for the student’s tuition, uniforms, books and testing fees. The College of Health Sciences – Roanoke will begin their program in May.

Item 9): The Symposium Airway Class is a big draw and it was suggested that the Northern Virginia physicians be utilized to assist with RSI. It was also suggested to keep it to two programs. Dr. Raul Rodriguez will assist with the program.

Item 10): It was suggested that the Medical Direction Course allow more time for a discussion for the Basic and Advanced courses. Dr. Carl Wentzel will head this up. A MDC will be offered March 1 & 2 in the afternoon at the Homestead.

Item 11): Dr. Carol Gilbert made a motion and it was seconded by Dr. Cheryl Haas to nominate Dr. Sabina Braithwaite to the HRT Committee... Motion Passed.

Item 12): HRT Committee established a sub-committee to investigate alternatives to BLS Practical Testing.

Item 13): Dr. Stewart Martin directed a letter to Gary Brown requesting that OMDs be able to retrieve information on-line for their provider's technician records. Gary advised that Scott Winston would be contacting him in the near future on this issue.

Question was raised as to when the Virginia Intermediate examination would be completed. It should be ready to have Dr. Carol Gilbert review it next week.

The subject of requiring the providers to test after they had completed the transition programs versus being exempted was raised. If a region wanted their OMDs to require testing at the Intermediate level then they would have to agree to that arrangement. Presently each OMD has the authority to allow an exemption from testing or to require testing after the completion of a transition program.

Item 14): Dave Cullen asked the committee's input and guidance on allowing fire apparatus, that has a stretcher in the cab, to transport patients to the hospital. During the discussion there were no positive comments noted and there was a clear consensus not to approve it.

The question was asked if anyone was paying liability insurance for the regional OMD that would fill in as an agency OMD should the agency OMD lapse.

Dr. Carol Gilbert advised the committee that a grant to develop a state trauma plan "goals and objectives" had been received and Stewart Martin will receive a copy to review.

Dave Cullen gave a brief overview to the committee on the pulled *Regulations*.

The following dates were announced for the remaining of 2003 for the MDC Meetings:

April 10

July 10

October 16

MDC Meeting dates for 2004 are to be considered at the next meeting

The next scheduled meeting of the committee will be April 10, 2003, 10:30 AM in the Office of EMS conference room.

Then meeting was adjourned.